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APPLICANTS
 Rebecca Anne Baril, Chicago, IL;

**** CONTINUING DATA ******* *16B*

**** FOREIGN APPLICATIONS ******* *16B*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>16B</i> Examiner's Signature Initials				

ADDRESS
 DR. REBECCA A. BARIL, D.P.M.
 # 701-B
 1455 N. CLARK STREET
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TITLE
 Medical foot helper for diabetic, arthritic, disabled, elderly and obese persons

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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